

## Town of Concord DENTAL INSURANCE SUMMARY

### PLAN BENEFITS COVERAGE

Coverage is based on the type of service received (Group I, II or III described below) and whether you obtain services from a provider In-Network versus Out-of-Network. The maximum amount paid by this insurance for all services combined is \$1,500 annually per person (in and out-of-network combined).

Dental insurance is provided as a Preferred Provider Organization (PPO) Plan. You are granted a degree of choice in providers, but if you need or want services from *outside* the network, you will pay a higher share of the cost than if the provider were from within the PPO network.

#### Group I – Preventive Services\*

	In-Network	Out-of-Network
• Oral examinations	100%	100%
• Teeth cleaning (every 6 months)		
• X-rays		
• Fluoride treatment for children		
• Space maintainers for children		

\*\$50 Annual Deductible Waived for Group I services

#### Group II – Basic Services

	In-Network	Out-of-Network
• Fillings (amalgam and acrylic)	100%	80%
• Root canals		
• Extractions and other oral surgery		
• Periodontal services		

#### Group III – Major Services

	In-Network	Out-of-Network
• Gold and porcelain fillings & crowns	60%	50%
• Initial installation of bridgework, crowns, and dentures		
• Implants		

### COST OF INSURANCE

	<u>Family</u>	<u>Individual</u>
Monthly Premium	\$144.24	\$50.84
Town Share	\$72.12	\$25.42
Employee Share	\$72.12	\$25.42
<b>Bi-weekly Payroll Deduction</b>	<b>\$36.06</b>	<b>\$12.71</b>

Eligible dependents include legal spouse, unmarried dependent children to age 23 or age 25 if a full-time student.

### OTHER PROVISIONS

#### Deductible

One \$50 deductible per person (maximum 3 per family) per calendar year for either In or Out-of-Network Dentists.

#### Reasonable and Customary Charges

The maximum expense for each procedure is limited to usual, customary and reasonable charges in the geographic area where the service is rendered. In all cases where different methods of treatment are available, payment will be based on the procedure that provides the professionally adequate treatment at the most reasonable and customary amount.

#### Pre-Treatment Review

For services costing \$300 or more, the dentist is not required but is encouraged to submit a treatment plan before work begins. The plan will be reviewed and an estimate of the plan payments will be sent to both the employee and dentist. Pre-Treatment Review enables the dentist to see how Guardian will cover the work while giving the employee an idea of what his/her out-of-pocket expense will be.

*To find a participating provider:*

Go to <http://www.GuardianAnytime.com> or call: 1-800-541-7846

The information needed for your search is:

Select Your Plan . . . . . PPO

Select Your Dental Network . . . . . DentalGuard Preferred

*Employees may also nominate a dentist for the network.*

### IMPORTANT NOTICE TO EMPLOYEES:

**You have 31 days from your initial date of eligibility to enroll. There is no annual open enrollment for this Dental Insurance. If an employee does not elect coverage when offered, there is no guarantee of enrollment eligibility in the future. Late enrollees are subject to coverage penalties and must wait 6 months for Group II services and 12 months for Group III services except for covered charges due solely to an injury suffered while insured.**

*This summary of benefits has been prepared as a guide for employees of the Town of Concord and Concord Public Schools for illustrative purposes only. Complete details regarding coverage are available in the plan documents. Guardian plan documents are the final arbiter of coverage. The premium costs listed for this insurance are valid as of December 1, 2014.*